



The National Association of Medical Examiners ®

362 Bristol Road, Walnut Shade, MO 65771
660-734-1891 Fax: 888-370-4839

APPLICATION FOR MEMBERS

"Members" shall be physician medicolegal death investigators other than those meeting the criteria designated in the definition of Fellow set forth in Section 1.A. of this Article II of these By-Laws. Members shall include pathologists, forensic pathology fellows, physician medical examiners, and physician coroners, provided, however, that the foregoing examples are provided for clarity and mere possession of any of the foregoing job titles does not automatically qualify any individual for membership as a Member.

Customer number (from NAME web site - REQUIRED) _____

Applicant: _____
(Last Name) (First) (Middle Initial)

Governmental Agency (Federal, State, Local) with which Affiliated:

Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) ____-____ x ____ Fax #: (____) ____-____ Email _____

Office Type: Medical Examiner Coroner ME/Coroner Other _____

Director: _____

Applicant Information:

Official Title: _____ Length of Time at Agency: _____

Medical School: _____ Date Graduated: ____/____/____

Degree Attained: _____ Year of Licensure: ____ State(s) _____

Residency Training: _____

Board Certifications:

- Forensic Pathology (Year:____) Anatomic Pathology (Year:____)
 Clinical Pathology (Year:____) Other: _____ (Year:____)

Memberships in Other Societies:

- AAFS AMA ASCP CAP Local Medical Society
 Other: _____

Years in Forensic Field: _____ Area of Interest: _____

Please submit a copy of your license, a copy of your Curriculum Vita, and ONE (1) letter of recommendation from a member of N.A.M.E.

I hereby make application for membership in the National Association of Medical Examiner. I hereby agree to abide by the Bylaws of the Association and such changes and amendments to same as may hereafter be properly adopted. I hereby agree to revocation of my membership, if granted, in the event that any of the statements hereinafter made by me are found to be false, and to hold the National Association of Medical Examiners and its members, officers and agents free from any damage or complaint by reason of any they, or any of them, may take in connection with this application.

CODE OF ETHICS AND CONDUCT

As a means to promote the highest quality of professional and personal conduct of its members, the following constitutes the Code of Ethics and Conduct which is endorsed and recommended to be adhered to by all members of the Association:

- A. Every member of the Association shall refrain from exercising professional or personal conduct adverse to the best interests and purposes of the Association.

- B. No member of the Association shall materially misrepresent his or her educational training, experience, area of expertise, certification, membership status within the Association, or official title or position in a medicolegal system.

- C. Every member of the Association shall refrain from providing any material misrepresentation of data upon which an expert opinion or conclusion is based.

- D. Except for the President and Chairperson of the Board of Directors, no member of the Association shall issue public statements which appear to represent the position of the Association without specific authority first obtained from the Board of Directors.

- E. All applicants for membership and annual renewal of membership shall affirm by their signatures that they have read, understood, and endorsed the Code of Ethics and Conduct in this Article X.

Signed: _____ Date: _____